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ABSTRACT

Described is the Merrill Area (Wisconsin) Public School district's plan to develop and provide the necessary program and classes to meet the needs of behaviorally and emotionally disturbed students. Brief sections cover the following topics: program philosophy (provision of adequate education to each child); definition of the emotionally or behaviorally handicapped child (illustrative behavior patterns); program need (estimation of students needing services); legal basis for the program and services (the state law stating policy for the education of handicapped children); referral-placement procedures (a reference source for procedure guidelines); placement eligibility criteria (an outline of behavioral or emotional characteristics of children referred for service); program goals (an outline of administrative and instructional goals); program organization (structure of the self-contained/integrated classroom and the resource room); instructional program (the school day, curriculum, and return to regular program); the multidisciplinary team (school psychologist, building principals, and special education and regular classroom teachers); placement procedure (steps for administrators to follow); pupil progress report policy (parent conferences, written reports, and annual student evaluations); and faculty orientation (teacher education to gain better understanding of behaviorally and emotionally disabled students). (SB)

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Merrill Area Public Schools

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Emotionally Disturbed Program

I. Introduction

Schools for many years have provided programs for children who are considered atypical, such as the mentally retarded, physically handicapped, hearing impaired, visually disabled, learning disabled, and speech and language handicapped. It is through a study of these children and their learning and behavior problems that evidence of a new type of handicap has been identified. These children have been with us in the past, but it is only through refinement of diagnostic techniques and greater knowledge in how children learn and behave, that they have become a challenge to both the educator and psychologist, specifically in relationship to why they are not learning or behaving as the typical child does. Such children are classified as having an emotional or behavioral disability.

Today's schools are expected to provide educational services for all children and adolescents. They cannot and should not exclude or refuse service to any child or adolescent who has a handicapping condition. This right to educational services can be substantiated on a legal basis, and its wisdom demonstrated economically and socio-psychologically.

It is the intent of the Merrill Area Public School district to develop and provide the necessary program and classes to meet the needs of the behavioral and emotional disability children and adolescents who reside within the school district.

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II. Philosophy

The philosophy justifying the inauguration of this program is adequately defined in a quotation from a study by the California State Department of Education which states:

> "Any society that insists upon all its children of school age attending school should also insist that the attendance be profitable to the children who fail to learn and who in time learn to fail, and for whom school attendance becomes a millstone about their necks. Anything less is to insist upon illness, crime, and parental and vocational ineptitude. Education is a democracy - does not mean the same education for all children, but the best education for each child. The community, therefore, also has little choice--it must provide adequate education for each child or be prepared to deal with the consequences."

The opportunity for education for all is a goal of our society. This requires providing facilities and program for educating pupils with differences in abilities, interests, and motivations, including many with marked handicaps.

The Special Education program for behaviorally or emotionally disabled children and adolescents in the Merrill Area Public Schools is designed to serve all children, whose needs for success in school cannot be met totally in the regular classroom setting.

III. Definition

The emotional or behavioral handicapped child or adolescent is defined as having moderate to marked reduction in behavioral freedom which in turn reduces his ability to function effectively in learning or working with others. These children may present management problems, either because of excessively active and uncontrollable behavior or because of excessively withdrawn or non-participatory behavior.

Behavior patterns may be illustrated by:

1. An inability to learn which cannot be adequately explained by intellectual, sensory, neurophysiological, or general health factors.
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
3. A tendency to develop physical symptoms, such as speech problems, pains or fears, associated with personal or school problems.

IV. Program Need

In every school there are a number of children and adolescents who display behavior perceived as deviant. This deviant behavior may interfere with the positive learning process of the individual and/or his peers. Occasionally, the intensity or frequency of a student's behavior is of such magnitude as to endanger the physical or emotional well being of himself and/or his peers. In either situation, such behavior should be modified for the benefit of the individual and the group.

The estimated national prevalence rate of behavioral or emotional disability among students is considered to be one to two percent of the student population. Presently the Merrill Area Public School has no data available to support a contradictory prevalence rate. Therefore, it is estimated that approximately forty (40) to eighty (80) K-12 students residing in the district are in need of behavioral or emotional disability services.

V. Legal Basis for the Program and Services

A legal basis for the education of all children and adolescents with a handicapping condition is provided in the Wisconsin Constitution and specific Wisconsin statutes.

Chapter 89 of the Laws of 1973 is intended to formulate a comprehensive legislative and public policy for the education of handicapped children or children with exceptional educational needs. Several basic tenets underlie this chapter:

> The concept that all handicapped children must be educated. This shifts Wisconsin's legislation for the provision of special education from permissive to mandatory.
>
> A handicapped child should be educated according to his individual educational needs. A handicapped child with exceptional educational needs means "any child who has a mental, physical, emotional, or learning disability which, if the full potential of the child is to be attained, requires educational services to the child to supplement or replace regular education.

VI. Referral-Placement Procedures

Referral and placement procedures will follow established Chapter 89 guidelines for the Merrill Area Public Schools. Refer to Procedures For Implementing Chapter 89 Laws of 1973 in the Merrill Area Public Schools.

VII. Placement Eligibility Criteria

Behaviors demonstrated by children and adolescents which precipitate continued negative interaction between a student, his peers, and/or his teacher are varied. However, children and adolescents are likely to be referred, evaluated, and receive service in the behavioral or emotional disability program if they exhibit some of the following characteristics:

1. Display aggressive physical and/or verbal behavior with a frequency or intensity that is considered socially inappropriate;
2. Appear to prefer the absence of interaction with others in the environment, so as to be labelled withdrawn, extremely shy, non-communicative, or disinterested in others or the surrounding environment;
3. Demonstrate inappropriate behavior or feelings under normal conditions;
4. Demonstrate a general mood of unhappiness or depression;
5. Have a tendency to develop physical symptoms, such as speech problems, fears or pains that are associated with personal or school problems.
6. Appear to be out of contact with the reality of surrounding stimuli;
7. Demonstrate psycho-motor and thinking behavior that is considered bizarre or lacking logical pattern;
8. Frequently demonstrate rapid changes in mood;
9. Have an inadequate span of attention, focus of attention, or selectivity of attention;

10. Repeatedly perform a task or movement to excess;
11. Wander aimlessly about the classroom;
12. Have a high frequency of absence of truancy from school for no appropriate reason;
13. Appear to act without consideration for the consequences and hence, may be referred to as impulsive;
14. Appear to be unable to delay reinforcement;
15. Seek reinforcements that are socially inappropriate or unacceptable;
16. Failing academically despite evidence of adequate intelligence, sensory ability and health;
17. Demonstrate an inability to develop and/or maintain satisfactory interpersonal relationships with peers and/or adults while in school or community;
18. Failure to respond to authority figures.

Even though a child or adolescent may exhibit one or all the characteristics presented above, this does not necessarily characterize him as a "behavioral or emotional disability" pupil. However, the presence of such symptoms may indicate the need for more thorough evaluation and possible special programming.

VIII. Program Goals

The learning of social, emotional, and academic behaviors appropriate to the community are the basic goals sought by the educational program in behavioral or emotional disabilities. Students should learn to accept themselves and respond appropriately to peers and adults when interacting in the school, classroom, family, and community.

The special education program and services provided for children and adolescents with behavioral or emotional disabilities are designed in accord with the philosophical and legal intent of the Wisconsin Department of Public Instruction.

The administrative goals of the program are the following:

1. Identification and provision of services to students with behavioral or emotional disabilities.
2. Delivery of services on an individual basis, so as to provide for their exceptional educational needs.
3. Selective integration of students with behavioral or emotional disabilities into regular education programs and services and/or appropriate alternate special education services.

The instructional goal is student oriented. The individually prescribed program may be derived from one or more categories of instructional goals:

1. Raising the developmental level and increasing the range of academic and social behavior;
2. Increasing the frequency of appropriate school and community behaviors;
3. Developing behaviors which make continued adaption to family, school, and community expectations possible;
4. Changing when necessary, the expectations of the school, family, and community;
5. Changing the quality of parent-child-teacher-school-peer-community interaction, so they are mutually reinforcing;
6. Generalizing learned behavior;
7. Shaping social and academic behaviors;
8. Developing increased internal control rather than continual reliance on external control;
9. Improving the students self concept;
10. Developing an understanding of the relationship between a person's behavior and the consequence of that behavior;
11. Developing cognitive skills which are needed to function and continually adapt to the school, the family, and the community.

IX. Program Organization

I. Self-Contained/Integrated Classroom

A. Teacher Function - Responsibilities:

1. Participates in the M-Team process for identification of EEN students.

2. Provides for primary responsibility for education of children with behavioral or emotional disability.

a. Integrates content with remedial work in deficit areas.

b. Develops appropriate curriculum.

3. Coordinates program with the supplementary services offered by the school (e.g., music, art, physical education, speech therapy, other academic areas, etc.)

4. Uses group behavior management techniques to determine classroom structure for group interaction.

5. Involvement helping parents understand problems.

B. Class Size:

Same Group - 6 to 10 children.

C. Integration:

Teacher and children remain in classroom during most of day. Students one-half time or more in behavioral or emotional disability room.

D. Diagnostic - Remediation Involvement:

Diagnostic testing of a formal, informal, and follow-up nature. Primary role to provide remediation, behavioral management and educational intervention.

E. Interaction with School Staff:

1. Confers with support staff for testing and services.

2. Interaction with other teachers and children whenever necessary.

3. Assists in conducting inservice programs.

II. Resource Room

A. Teacher Function - Responsibilities:

1. Maintains a dual role tutoring the child and working with the classroom teacher to provide a coordinating program.
2. Assists in modifications of classroom assignments and school activities so children can respond effectively.
3. Provides suggestions and modified materials to teachers and ancillary personnel.
4. Schedules activities to allow sufficient time for teaching, assessment and liaison work.
5. Organizes instruction in a meaningful sequential order.
6. Integrates work on deficit with content.
7. Participates in the M-Team process for identification of EEN students.
8. Works toward an effective carry-over into the classroom. Provides for flexible and continuing structure to meet the needs of a child as he moves from one environment to another.
9. Develops appropriate curriculum.
10. Uses group and individual behavior management techniques.
11. Helps parents understand problems.

B. Class Size:

Case load of 10 to 20 students. The amount of time per child varies according to difficulty and differential scheduling problems. The child is seen regularly for systematic instruction.

C. Integration:

Teacher remains in specified resource room. Children are placed in regular classroom but enter and leave resource room for diagnosis and/or small group tutoring in disability area.

D. Diagnostic - Remediation Involvement:

1. Diagnosis includes:

a. screening for M-Team evaluation.

b. assessment of behavioral or emotional disability children in motor, language, social, and perceptual areas.

c. follow-up diagnostic testing.

2. Remediation includes:

a. converts diagnosis to remediation program.

b. teaches and tests remediation on a trial basis.

c. continues to teach remediation process.

d. assists classroom teacher in determining appropriate instructional program.

e. use of behavior management techniques.

f. develops appropriate school and community behaviors.

E. Interaction with School Staff:

1. Works closely with regular class teachers of behavioral or emotional disability students.

2. Acts as resource person for all teachers concerning teaching materials, books, and aides.

3. Cooperates with other ancillary personnel. (e.g., speech clinicians, physical education teachers, etc.)

4. Assists in conducting inservice programs.

5. Acts as resource person for all teachers concerning behavior or emotional or disability students.

X. Instructional Program

The educational program will be individualized to fit each student's unique learning style. Meeting each student's individual developmental, emotional and educational needs will be essential.

1. School day.

The school day for each student will be designed as determined by the specific needs of the students.

2. Curriculum.

The exact curriculum will be individualized to meet the needs of the children or adolescents in the program. Particular educational recommendations may be made by the Multidisciplinary Team, as well as teachers of the behaviorally and emotionally disabled. The objective of the program is to assist in alleviating the behavioral or emotional disability or disabiliites, which hinders the student's ability to benefit from regular class techniques and methods of instruction. When this occurs to a sufficient degree, the pupil will be returned to his regular program, first on a part-time basis and when this is satisfactory, on a full-time basis.

3. Return to regular program.

Provisions will be made for students to be transferred back to the regular classroom as it becomes apparent that they are ready and able to benefit from the regular program. The decision to totally return a student to the regular program will be the responsibility of the Multidisciplinary Team.

XI. The Multidisciplinary Team

The Multidisciplinary Team will be composed of the following members:

1. School Psychologist.
2. Building principals.
3. Teachers of the behaviorally or emotionally disabled.
4. Classroom teachers.

In addition to the above named members of the team, contributions to the total evaluation will be sought from the special teachers, nurse, parents, speech and language clinicians, and medical personnel as appropriate.

Each member contributes information, which through their background and training, permits them to be knowledgeable about the student and provide pertinent data.

XII. Placement Procedure

After the Multidisciplinary Team has recommended a program for the child or adolescent in the behavioral or emotional disability program, the following placement procedure will be implemented:

1. The Director of Special Education will make the placement in a suitable program.
2. The Deputy Superintendent of Administrative Services will arrange for transportation and a lunch program.
3. The Director of Special Education will file the necessary reports for enrollment with the Division for Handicapped Children.

XIII. Pupil Progress Report Policy

1. Parent conferences will be conducted at the close of the first quarter of school. Additional conferences may be scheduled by the principal and/or teachers as deemed appropriate.
2. Written reports will be provided to parents at the close of the second, third, and fourth quarters.
3. Annual student evaluations will be provided to the parents at the end of each year. The evaluations will include the following.
    a. Summary of the student's behavior and performance during the past year.
    b. Projected program plan for the ensuing year.

XIV. Faculty Orientation

Teachers of the behaviorally and emotionally disabled students, as well as general staff members will be encouraged to continue their training to gain a better understanding of behaviorally and emotionally disabled children and adolescents.

A. Colleges will be requested to provide course - work in the area.

B. The purchase of professional books and subscriptions to professional journals and magazines relating to behavioral and emotional disabled students will be provided

C. Inservice meetings will be planned and initiated.

ADDENDUM I

I. 1975-76: Plan of Service

One (1) teacher of the behaviorally and emotionally disabled student to provide services to approximately six to ten (6-10) children through a self-contained/integrated classroom at the intermediate elementary level.

II. 1976-77: Plan of Service

A. One (1) teacher of the behaviorally and emotionally disabled student to provide services to approximately six to ten (6-10) children through a self-contained/integrated classroom at the primary elementary level.

B. One (1) teacher of the behaviorally and emotionally disabled student to provide services to approximately six to ten (6-10) children through a self-contained/integrated classroom at the intermediate elementary level.

C. One (1) teacher of the behaviorally and emotionally disabled student to provide services to approximately ten to twenty (10-20) adolescents through a resource room at the secondary level.